



Education | Healthcare | Public Services  
AFT Convention 2026

### Credit Card Payment Authorization Form

Please complete all areas below. Incomplete requests may be rejected. This form must be received at **least 10 business** days prior to the Check-In to ensure acceptance of the credit card to be charged.

FAX COMPLETED FORM TO: **(202) 879-4476**

EMAIL COMPLETED FORM TO: [conventionhousing@aft.org](mailto:conventionhousing@aft.org)

<b>HOTEL (circle one)</b>			
Capital Hilton	Courtyard Downtown	Embassy Suites	Hyatt Regency Washington
The Madison	Marriott Marquis	Residence Inn Downtown	

Guest / Group Name ( <i>attach list if card covers multiple people</i> ):	
Check-In Date	Check-Out Date
Contact:	Phone:

**CARDHOLDERS - Please complete the following section and sign/date below.**

Cardholder Name as it Appears on Credit Card:		
Cardholder Billing Address:		
City:	State:	Zip:
Daytime /Business Telephone:		Cell Phone:
Credit Card Number:	Expiration Date:	CSC/CVV #
Credit Card Type: ( <i>Choose one</i> )		
Visa/MasterCard	American Express	Discover
JCB	Diners Club	
I agree to cover the following categories of charges: ( <i>select all that apply</i> )		
All Charges	Room & Tax	Parking
Food & Beverage	AV	Other: _____

**Note: Charges for room and tax, group deposits or direct bill account payments will be charged to your credit card on or around June 27, 2024. Any incidental charges circled above will be charged at the time of check-out.**

I certify that all information is complete and accurate and hereby authorize the AFT to e-sign on my behalf. I also hereby authorize the hotel to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit/debit card listed above. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit/debit card listed above.

Cardholder Signature: \_\_\_\_\_

Date: \_\_\_\_\_